

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Bolivar
 Permit #: GW-45274
 Driller: Clarence McMurry
 Date drilling completed: 5-23-11

For Office Use Only:
 Aquifer: H 197
 Well #: _____
 I. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Pemble Farm Partnership II</u>	Latitude: <u>N33° 48' 32.0"</u> Longitude: <u>W90° 45' 07.6"</u>
Mailing Address: <u>P.O. Box 428</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Merigold</u> <u>MS</u> <u>38759</u>	USGS quad: <u>Hand-held GPS</u> <u>Survey-grade GPS</u> <input checked="" type="checkbox"/>
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 30 T23N Rng SW</u>
Telephone No. <u>(662) 721-7734</u>	Distance <u>2.44</u> Miles Direction <u>SW</u> of Nearest Town <u>Merigold</u>

Well / Borehole Data

Date drilling started: 5-23-11 Date drilling completed: 5-23-11 Hole depth: 125' Hole diameter: 26"

Location of the source of any surface water used for drilling: nearby well

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) NA

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 34' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 73 feet Casing diameter: 14 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 73 feet to 123 feet

Type of completion (circle all applicable): Gravel packed (Interreamed Telescoped Open hole Natural Development

Other (describe): _____

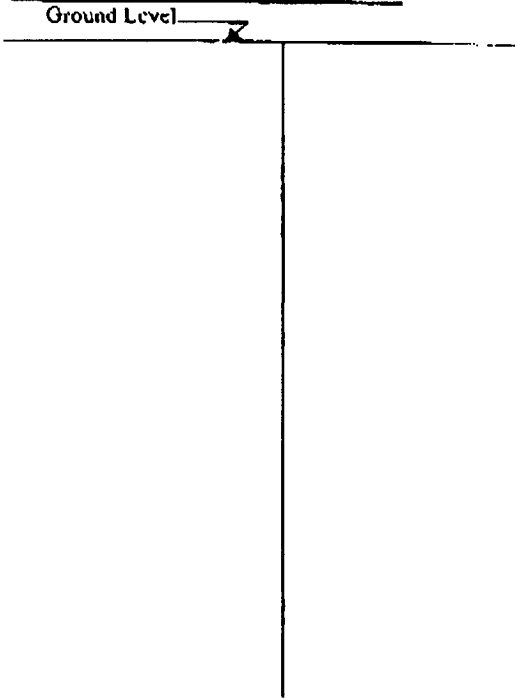
Top of tap pipe or reduction in casing: NA feet *If telescoped or more than one screen, describe on next page*

Replacement Well

H197

The sketch below only required for water wells

If well telescopes, show depths on sketch.

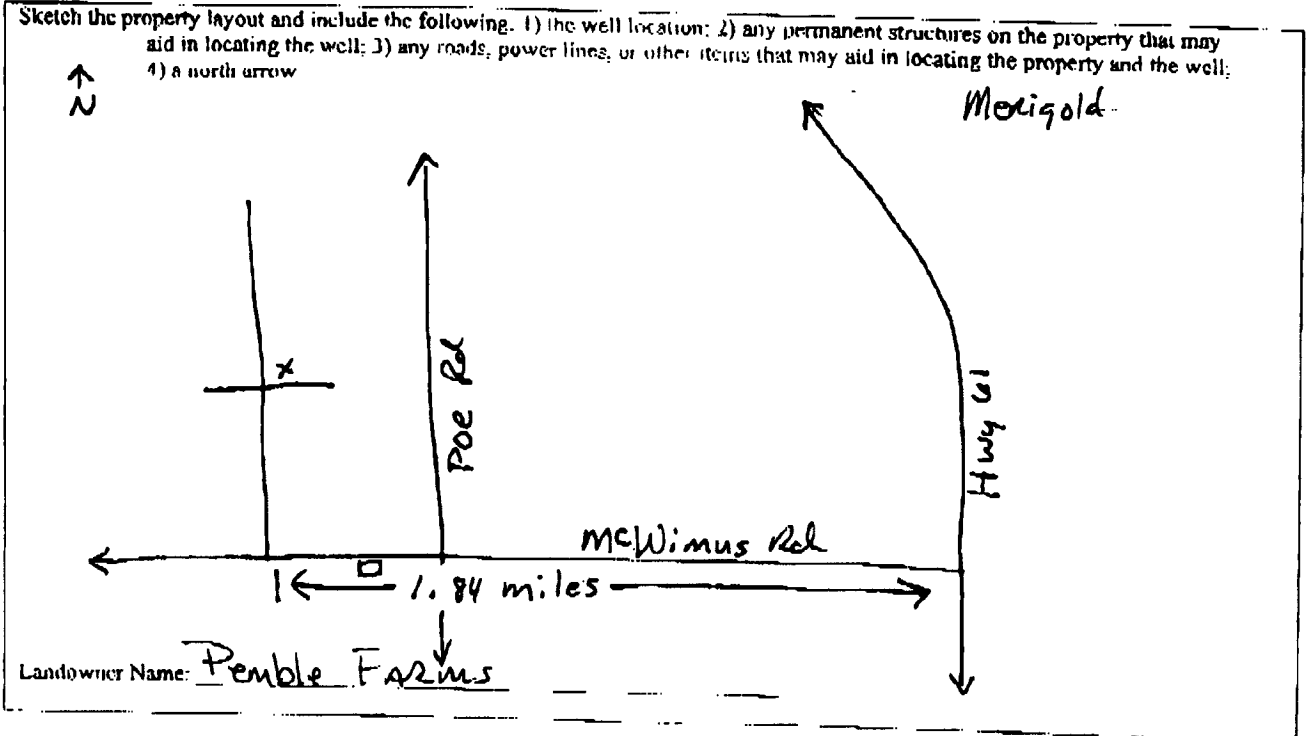


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulation

Description of Formations Encountered	From (depth)	To (depth)
Top Sand & Clay	Ground Level	17
Fine Sand	17	33
Medium Sand	33	48
Medium/Coarse Sand & few Gravel	48	62
Medium Sand	62	66
Coarse Sand & Gravel	66	91
Medium Sand & Gravel	91	99
Medium/Coarse Sand & Gravel	99	110
Coarse Sand & Gravel	110	123
Clay	123	125

If more than one screen, show location of each on sketch

Sketch the property layout and include the following. 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow



I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Clayton Miller 0-703 5-31-11 Clayton Miller
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OI WR-SWR-1A (04/08)

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Bolivar
 Permit #: GW-45274
 Driller: Jeff Taylor
 Date completed: 5-28-11
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: H197
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information
 Owner Name: Pembe Farm Partnership II
 Mailing Address: P.O. Box 428
Merigold MS 39759
 City State Zip Code
 Telephone No. (662) 721-7734

Well Location
 Latitude N33°48'37.86" Longitude W98°45'07.60"
 Method of Lat/Long (check one): Convventional Survey _____
 U.S.G.S quad _____, Hand-held GPS Y, Survey-grade GPS _____
 _____ 1/4 _____ 1/4 Sec _____ T _____ R _____
 Distance Direction Nearest Town
2.44 Miles SW of Merigold

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 5-28-11
 Rated Pump Capacity: _____ Gallons Per Minute

Power Type
 Circle one
 Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): Gear Drive
 Horse Power Rating of Motor: 60
 Setting Depth: 70 feet
 Number of Stages: 1

Pump Test Data
 Date Well Tested: NOT TESTED
 Static Water Level (A): 34 Feet Below Land Surface
 Pumping Water Level (B): N/A Feet Below Land Surface
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface
 Test Pumping Rate: N/A Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): N/A hours

Method of Measuring Water Level
 Circle one
 Au Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: N/A feet
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Clayton Miller 0-703
 Print Name of Pump Installer and License No. (if applicable)
Clayton Miller
 Signature of Pump Installer
 Form: OLWR-SWR-1B (04/08)